

E-filing

FILED
08 MAY 21 PM 1:55
U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

DAVID LITMON, JR.

Plaintiff,

vs.

NORM KRAMER, DIRECTOR

Defendant.

CASE NO. _____

**APPLICATION TO PROCEED
IN FORMA PAUPERIS**

(Non-prisoner cases only)

**RMW
(PR)**

I, DAVID LITMON, JR., declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ____ No x

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2 1982 I have been incarcerated since that time.

3
4
5 2. Have you received, within the past twelve (12) months, any money from any of the
6 following sources:

7 a. Business, Profession or Yes ___ No x
8 self employment?

9 b. Income from stocks, bonds, Yes ___ No x
10 or royalties?

11 c. Rent payments? Yes ___ No x

12 d. Pensions, annuities, or Yes ___ No x
13 life insurance payments?

14 e. Federal or State welfare payments, Yes ___ No x
15 Social Security or other govern-
16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount
18 received from each.

19
20

21 3. Are you married? Yes ___ No x

22 Spouse's Full Name: _____

23 Spouse's Place of Employment: _____

24 Spouse's Monthly Salary, Wages or Income:

25 Gross \$ _____ Net \$ _____

26 4. a. List amount you contribute to your spouse's support: \$ _____

27 b. List the persons other than your spouse who are dependent upon you for support
28 and indicate how much you contribute toward their support. (NOTE: For minor

children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

NONE

5. Do you own or are you buying a home? Yes ___ No x

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ___ No x

Make _____ Year _____ Model _____

Is it financed? Yes ___ No ___ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ___ No x (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes x No ___ Amount: \$ see attached

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No x

8. What are your monthly expenses?

Rent: \$ _____ Utilities: \$75.00

Food: \$ \$50.00 Clothing: _____

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Account</u>
NONE	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

STUDENT LOAN \$5000.00

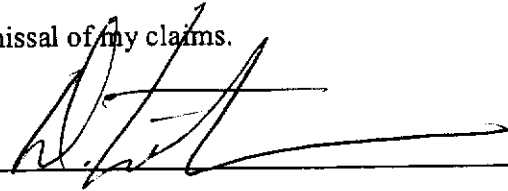
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10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ___ No X

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.
Unavailable at this time, but will supply later.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

May 14, 2008



DATE

SIGNATURE OF APPLICANT

CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE
 SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE
 FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).

3/21/2008
 8:43:58AM

COALINGA STATE HOSPITAL
 TRUST ACCOUNT / CASHIERS' SYSTEM II
 Patient Ledger Report

Page 1 of 1

0005553 Litmon, David
 Unit: 112

	TransDate	Doc No.	Description/Comment	Withdrawl	Deposit	Balance
1	03/21/2008	16-20594	CSH Accounting BOC# CSH 07-014 ck 151-011105		\$13.84	\$63.99

Patient's Copy! Please give
 to him. Thank You.

Trust Office

TOTAL WITEDRAWLS / DEPOSITS:	\$0.00	\$13.84
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